

well and walking about as usual. They slept in the same room up stairs, in separate beds, and retired to rest about eight o'clock. They were disturbed not very long afterwards, by a man breaking in at the windows of their chamber. He proceeded to obtain a light by means of a lucifer match, and then with some muslin, to tie together their hands and feet very tightly, and to fasten their arms under their shoulders equally tightly to the bedsteads, so that they could not move hand or foot, or at all help themselves. He then tucked the clothes closely over their heads, and proceeded to rob them of some money, silver spoons, &c., and then decamped by the street door, leaving it open and the women in the state just described. This was on Sunday night. They remained in this condition, both being almost suffocated, until the forenoon of Monday, when the deceased, who had been moaning during all this time, and frequently said she must be suffocated, expired. The sister could undertake to mark the time of the death by the cessation of the moaning and the breathing, as being in the course of the forenoon of Monday. She herself remained in this horrible state almost momentarily expecting the same fate, until Tuesday morning, when she heard some one near and cried out for help. This was a poor boy, begging, who gave the alarm to other persons, and the one sister was found cold and stiff, while the other was extremely exhausted.

The evidence produced left no doubt of the guilt of the prisoner. He was convicted and sentenced to death.—*London Atlas*, March 11, 1843. T. R. B.

70. *Probable Case of Superfœtation in a bilocular Uterus.* By M. BILLENGREN, (*L' Experience*, Nov. 24, 1842.)—The following is the first case, I apprehend, on record, of two fœtuses positively known to have been born from a divided uterus, and is therefore extremely interesting. "A woman, forty years of age, who had borne several children, about the sixth month of pregnancy, began to suffer from uterine hemorrhage. It was arrested for a few days, but soon returned, gave rise to uterine contractions and the expulsion of a fœtus, which, from its appearance, could not be more than a three months' fœtus. On examining the uterus, another fœtus was discovered, which was extracted by means of the forceps. This fœtus was well developed, had the appearance of a seven months' fœtus, was alive, and lived for some time. Each of these fœtuses had their separate placentas, which strongly adhered, requiring the introduction of the hand for their removal. By this means it was ascertained that the uterus was divided into two cavities, beginning just within the lips of that organ, and that each of these cavities contained a placenta. From the inequality in size of the two fœtuses, and their appearance, the author states that he was forced to admit this as an undoubted case of superfœtation, though somewhat similar cases have been usually described as those in which one fœtus has, at a certain period, been arrested in its development."—*Edin. Med. and Surg. Journ.*, January, 1843. T. R. B.

71. *Deaf and Dumb Witness.*—In the case of James Whyte, charged, in April, 1842, at the Circuit Court of Justiciary held at Stirling, in Scotland, with robbery, the principal witness, James Shaw, was called, and one of the crown witnesses, named M'Farlane, having been sworn to act as interpreter, M'Farlane deposed that he had known Shaw from his earliest years, had been on intimate footing with him, and was, on that account, able to communicate with him better than any other person whom he knew; that Shaw was not born deaf, but became so from disease, about the age of seven years; that he had been stone deaf ever since, and had lost, in a great measure, the faculty of speech; that he could talk a little, but so very inarticulately that none but those who were in the habit of communicating with him could understand his meaning; that the mode of communicating with him was partly by signs and partly by the motion of the lips. The interpreter having been desired by the court to repeat the oath to the witness, after communicating with him, stated, that though he believed Shaw to be naturally honest and trustworthy, he found it impossible to convey to his mind any idea of an oath; that the subject of their communications had always

been about ordinary country matters, and that as Shaw had received no education whatever, it was his decided opinion that he could not comprehend the obligation of speaking the truth.

In these circumstances the court held that the witness could not be sworn, and he was accordingly rejected.—*Lond. and Edin. Month. Journ. of Med. Sci.*, May, 1843.

T. R. B.

MISCELLANEOUS.

72. M. GIBERT's letter on the late Epidemic in Paris.—“I was present lately,” writes this intelligent physician to his friend Dr. Cayol, “at a meeting of our hospital physicians, when various questions connected with the reigning epidemic—during last summer and autumn in Paris—formed the chief topic of conversation; one of the gentlemen told us that, in a hospital which contains 230 beds, he had upwards of 60 cases of *typhoid fever* under his care at one time; another said that he also had had a great number, and had not lost a single case out of several hundreds; a third communicated the important information that, provided no active treatment was employed, and the *expectant* method chiefly trusted to, nearly all the cases might do well; while a fourth added, that he thought mild laxatives in many instances useful. All agreed in denominating the disease as *typhoid fever*.”

“But, although this name may have been brought into fashion by a school which is willingly satisfied with words in place of things, who is there but will not admit that the appellation is ill chosen at best, and that in particular it cannot be properly applied to the epidemic now prevailing in this metropolis? For in what does this epidemic really consist? In fevers induced by the high and continued heat of an unusually warm summer, which has partaken in many respects of the character of a tropical season. Now these fevers (generally of a mild form, as already said) assume very rarely the proper *typhoid* character, but usually either a bilious, mucous or a catarrhal form; in some cases, the fever is inflammatory and continued; occasionally it is more or less remittent; and still more rarely has it any thing of an adynamic or putrid character—the very character, be it observed, to which the term of *typhoid* would be least inapplicable.

“All these forms of febrile disease are evidently attributable to the mode of reaction in individual cases—a reaction, which manifests itself in different ways, according as the constitution of the patient is either sanguineous, bilious, or nervous.

“I have several patients at the present moment, in the Hospital St. Louis, affected more or less severely with the epidemic. In some it has been only an ephemeral fever, which passed off by sweating in the course of two or three days; while, in others, the fever has been of a catarrhal character; cough, nausea, slight diarrhoea, and a white coating of the tongue, being the most prominent symptoms. In one of the patients, the disease assumed the ataxic form, characterized by restlessness, delirium, paralysis of the bladder, and constipation of the bowels. In a few cases, the symptoms have been more or less remittent. Now I ask, is it not prudent to retain the old classic names of these various forms of fever, rather than to blend them all together under a single appellation, *typhoid*?—which, as far as the present epidemic is concerned, is unquestionably the least applicable and proper of all. Is there not a great practical advantage in retaining appellations, which in themselves suggest therapeutic indications? and has it not been clearly shown that the pretended successes of certain statistic physicians, who have boasted of their having lost scarcely any patients under such and such a course of treatment, may be at once traced to the erroneous use of this phrase, *typhoid fever*?”

M. Gibert closes his remarks by stating that unquestionably the “*medecine expectante*” was, on the whole, the most safe and judicious mode of treating the late epidemic in Paris. In those cases, where the fever had somewhat of an